	**	•		9 40 p.					PTO/SB/17 (12-04) 2006. OMB 0651-0032
Under the Paperwo	rk Reduction Act of 1	995, no persons :	are required	d to respond to a collect					ENT OF COMMERCE OMB control number
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).				Application Number	n Number 09/701,933				
『F歴E』TRANSMITTAL				Filing Date	August 20, 2001				
For FY 2005				First Named Inventor	Sander, Ton				<u> </u>
TRADEMAN Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	Bruce Edwa		MAY	0 9 20	105
TRADEMIN	o amall antity state	s See 37 CEI	D 1 27	Art Unit	3738	\	MAI		<u> </u>
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,810.00				Attorney Docket No.	13971US02		8 T	RADEMA	RMOST
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy									
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)									
Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
• • • • • • • • • • • • • • • • • • • •				ARCH FEES EXAMINATION FEES					
Application Ty	<u>oe Fee(\$)</u>	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)		Entity e(\$)	اِ	Fees Paid(\$)
Utility	300	150	500	250	200	1	00		
Design	200	100	100	50	130	6	35		
_		100	300	150	160		30		
Plant	200				600	-	00	_	
Reissue	300	150	500	250		_			
Provisional	200	100	0	0	0		0	_	Small Entity
2. EXCESS CLAIM FEES Fee Description Fee(Fee(\$)	Fee(\$)
Each claim over 20, o	or for Reissues, eac	h claim over 20	and more	than in the original p	atent			50	25
Each independent cla	im over 3 or, for Re	eissues, each in	dependen	t claim more than in t	he original p	atent		200	100
Multiple dependent cl							1411- D.	360	180
Total Claims		<u>Claims</u> x	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u> =		<u>ми</u> Fe			nt Claims Fee Paid (\$)
HD = highest num	-20 or HPber of total claims p		er than 20		-	10.	=		1001 414 147
Indep. Claims			Fee(\$)	Fee Paid (\$)				_	
<u></u>	-3 or HP	x		=	_				
HP = highest num	ber of independent	claims paid for,	if greater	than 3	_				
3. APPLICATION SI	ZE FEE		_						
If the specification a for each addition	and drawings excee hal 50 sheets or frac	ction thereof. S	ee 35 U.S	e application size fee .C. 41(a)(1)(G) and 3	7 CFR 1.16(s).	small en	itity)	
<u>Total Sheets</u>	Extra She	<u>ets</u>	<u>Number c</u>	of each additional 50	or fraction	thereof	Fee(\$	7	Fee Paid(\$)
	-100	/50	(rot	and up to a whole nur	nber)	× -		=	
4. OTHER FEE(S) Fee Paid(\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other: Request for Continued Examination and 3 Month Extension of Time 1810.00									
								· · · · · · ·	
SUBMITTED BY	11 //	757						_	
Signature	Julix	1208	MAR	Registration No. (Attorney/Agent)	32,	167	Telephor	ne	(312)775-8000
Name (print/type)	Donald J. Pochopie	n	V	1 / manieya gara)			Date		May 5, 2005